

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>RM</i>	<i>7533</i>	
O.I.P.E. CLASSIFIER		<i>680110</i>	<i>9-30-79</i>
FORMALITY REVIEW			<i>1079</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/30/79
2	✓	✓	11/03/79
3	✓	✓	11/03/79
4	✓	✓	11/04/79
5	✓	✓	11/04/79
6	✓	✓	11/04/79
7	✓	✓	11/04/79
8	✓	✓	11/04/79
9	✓	✓	11/04/79
10	✓	✓	11/04/79
11	✓	✓	11/04/79
12	✓	✓	11/04/79
13	✓	✓	11/04/79
14	✓	✓	11/04/79
15	✓	✓	11/04/79
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43	✓	✓	11/04/79
44	✓	✓	11/04/79
45	✓	✓	11/04/79
46	✓	✓	11/04/79
47	✓	✓	11/04/79
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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